

# Exhibit B



Plan of Conversion

In lieu of providing the Plan of Conversion, the converting limited liability company certifies that:

- 1.) A signed Plan of Conversion is on file at the principal place of business of the converting limited liability company. The address of the principal place of business of the converting limited liability company is 500 Newport Center Dr., 7th Floor, Newport Beach, CA 92660.
- 2.) A signed Plan of Conversion will be on file after the conversion at the principal place of business of the converted limited liability company. The address of the principal place of business of the converted limited liability company is 6136 Frisco Square Blvd., Suite 385, Frisco, TX 75034
- 3.) A copy of the Plan of Conversion will be furnished on written request without cost by the converting limited liability company before the conversion or by the converted limited liability company after the conversion to any owner or member of the converting or converted limited liability company.

Certificate of Formation for the Converted Entity

The Certificate of Formation of the converted limited liability company is attached hereto as Exhibit A.

Approval of the Plan of Conversion

The Plan of Conversion has been approved as required by the laws of the jurisdiction of formation and the governing documents of the converting limited liability company.

Effectiveness of Filing

This document becomes effective when the document is accepted and filed by the secretary of state.

Tax Certificate

In lieu of providing the tax certificate, the converted limited liability company is liable for the payment of any franchise taxes.


Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the converting limited liability company, to execute the filing instrument.

*[Signature Page Follows]*

Dated December 21, 2010.

ACACIA PATENT ACQUISITION LLC, a  
Delaware limited liability company

By:   
Name: Paul Ryan  
Its: Chief Executive Officer

**EXHIBIT A**

**CERTIFICATE OF FORMATION**

**Form 205**  
**(Revised 07/10)**

Submit in duplicate to:  
 Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 512 463-5555  
 FAX: 512 463-5709  
**Filing Fee: \$300**



**Certificate of Formation**  
**Limited Liability Company**

This space reserved for office use.

**FILED**  
 In the Office of the  
 Secretary of State of Texas  
 DEC 23 2010  
**Corporations Section**

**Article 1 – Entity Name and Type**

The filing entity being formed is a limited liability company. The name of the entity is:

Acacia Patent Acquisition LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

**Article 2 – Registered Agent and Registered Office**

(See instructions. Select and complete either A or B and complete C.)

☒ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

Registered Agent Solutions, Inc.

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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C. The business address of the registered agent and the registered office address is:

<u>515 Congress Ave., Suite 2300</u>	<u>Austin</u>	<u>TX</u>	<u>78701</u>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Article 3—Governing Authority**

(Select and complete either A or B and provide the name and address of each governing person.)

☐ A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

☒ B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

**GOVERNING PERSON 1**

NAME (Enter the name of either an individual or an organization, but not both.)

IF INDIVIDUAL

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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OR

IF ORGANIZATION

Acacia Research Corporation

*Organization Name*

**ADDRESS**

<u>500 Newport Center Drive, 7<sup>th</sup> Floor</u>	<u>Newport Beach</u>	<u>CA</u>	<u>USA</u>	<u>92660</u>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

<b>GOVERNING PERSON 2</b>				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

<b>GOVERNING PERSON 3</b>				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR				
IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

#### Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

#### Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

Article 5: The filing entity is being formed pursuant to a plan of conversion.

Article 6: The name of the converting (prior) entity is Acacia Patent Acquisition LLC.

Article 7: The address of the converting (prior) entity is 500 Newport Center Dr., 7th Floor, Newport Beach, CA 92660.

Article 8: The form of organization of the converting (prior) entity is limited liability company.

Article 9: The date of formation of the converting (prior) entity is March 3, 2008.

Article 10: The jurisdiction of formation of the converting (prior) entity is the State of Delaware.



### Organizer

The name and address of the organizer:

Clayton J. Haynes

*Name*

500 Newport Center Drive, 7<sup>th</sup> Floor

*Street or Mailing Address*

Newport Beach

*City*

CA 92660

*State Zip Code*

### Effectiveness of Filing (Select either A, B, or C.)

A. ☒ This document becomes effective when the document is filed by the secretary of state.

B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_

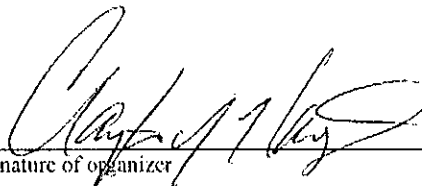
C. ☐ This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

### Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: December 21, 2010



*Signature of organizer*

Clayton J. Haynes

*Printed or typed name of organizer*

**Form 424**  
**(Revised 12/09)**

Submit in duplicate to:  
 Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 512 463-5555  
 FAX: 512/463-5709  
 Filing Fee: See instructions



This space reserved for office use.

**Certificate of Amendment**

**FILED**  
 In the Office of the  
 Secretary of State of Texas

JAN 20 2011

**Corporations Section****Entity Information**

The name of the filing entity is:

Acacia Patent Acquisition LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |                                                               |                                                                 |
|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association              | <input type="checkbox"/> Professional Association               |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 801360610The date of formation of the entity is: December 23, 2010**Amendments****1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Acacia Research Group LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

**RECEIVED**

JAN 20 2011

**Secretary of State**

Registered Agent  
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>TX</i>	<i>State</i>	<i>Zip Code</i>
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### 3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ **Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☐ **Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☐ **Delete** each of the provisions identified below from the certificate of formation.

### Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

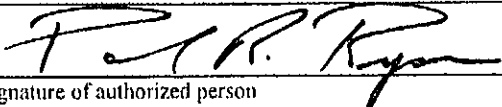
- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_
- The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: January 20, 2011

By: Acacia Research Corporation, Sole Member

  
\_\_\_\_\_  
Signature of authorized person

Paul R. Ryan, Chairman & Chief Executive Officer  
Printed or typed name of authorized person (see instructions)



Office of the Secretary of State  
Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(Form 408)

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 801360610 8/31/2012  
Document #: 455927880542  
Image Generated Electronically

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**STATEMENT OF CHANGE OF  
ADDRESS OF REGISTERED AGENT**

1. The name of the entity represented is  
Acacia Research Group LLC

The entity's filing number is 801360610

2. The address at which the registered agent has maintained the registered office address for such entity is: (Please provide street address, city, state and zip code presently shown in the records of the Secretary of State.)

515 Congress Ave., Suite 2300, Austin, TX 78701

3. The address at which the registered agent will hereafter maintain the registered office address for such entity is: (Please provide street address, city, state and zip code. The address must be in Texas.)

1701 Directors Blvd., Suite 300, Austin, TX 78744

4. Notice of the change of address has been given to said entity in writing at least 10 business days prior to the submission of this filing.

Date: 8/31/2012

Registered Agent Solutions, Inc.

**Name of Registered Agent**

Ricardo Orozco - Secretary

**Signature of Registered Agent**

**FILING OFFICE COPY**


 Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 11-12/31)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

**Tcode** 13196 Franchise

**Taxpayer number**

1 2 6 2 3 8 5 6 1 2 2

**Report year**

2 0 1 3

**You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.**

Taxpayer name <b>ACACIA RESEARCH GROUP LLC</b>			
Mailing address <b>2400 DALLAS PARKWAY, SUITE 200</b>			Secretary of State (SOS) file number or Comptroller file number
City <b>PLANO</b>	State <b>TX</b>	ZIP Code <b>75093</b>	Plus 4

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>SAME AS ABOVE</b>
Principal place of business <b>SAME AS ABOVE</b>



1000000000008

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

## SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

## SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company <b>ACACIA RESEARCH CORPORATION</b>	State of formation <b>DE</b>	Texas SOS file number, if any <b>0033042280</b>	Percentage of ownership <b>100.00</b>
Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent:	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.		
Office:	City	State	ZIP Code

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here 	Title <b>CEO</b>	Date <b>11/7/13</b>	Area code and phone number <b>(944) 480-8316</b>
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## Texas Comptroller Official Use Only

05-102|(Rev. 11-12/31)|13196|12623856122|2013|Thu Oct 31 2013  
14:57:23 GMT-0700 (Pacific Daylight Time)|9997|

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TX2014  
Ver. 5.005-102  
(Rev.9-13/32)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

■ Taxpayer number

■ Report year

12623856122

2014

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name  
ACACIA RESEARCH GROUP LLC■ ☐ Check box if the mailing address has changed.Mailing address  
2400 DALLAS PARKWAY, SUITE 200Secretary of State (SOS) file number or  
Comptroller file numberCity  
PLANOState  
TXZIP Code  
75093

Plus 4

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

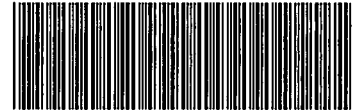
SAME AS ABOVE

Principal place of business

SAME AS ABOVE

**Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



1262385612214

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
ACACIA RESEARCH CORPORATION	DE	0033042280	100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent: ☐ Check box if you need forms to change the registered agent or registered office information.

Office:	City	State	ZIP Code
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The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title	Date	Area code and phone number
	CFO	11/14/2014	

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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05-102  
(Rev.9-13/32)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions  
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

1 2 6 2 3 8 5 6 1 2 2										2 0 1 4					
Taxpayer name <b>ACACIA RESEARCH GROUP LLC</b>														<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>														Secretary of State (SOS) file number or Comptroller file number <b>0801360610</b>	
City <b>PLANO</b>				State <b>TX</b>		ZIP Code <b>75093</b>		Plus 4							

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>2400 DALLAS PARKWAY SUITE 200, PLANO, TX 75093</b>
Principal place of business <b>SAME AS ABOVE</b>



100000000014

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name <b>MARVIN KEY</b>	Title <b>DIRECTOR &amp; CEO</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>	City <b>PLANO</b>	State <b>TX</b>	ZIP Code <b>75093</b>
Name <b>MATTHEW VELLA</b>	Title <b>DIRECTOR &amp; PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>	City <b>PLANO</b>	State <b>TX</b>	ZIP Code <b>75093</b>
Name <b>CLAYTON J. HAYNES</b>	Title <b>DIRECTOR &amp; CFO</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>	City <b>PLANO</b>	State <b>TX</b>	ZIP Code <b>75093</b>

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

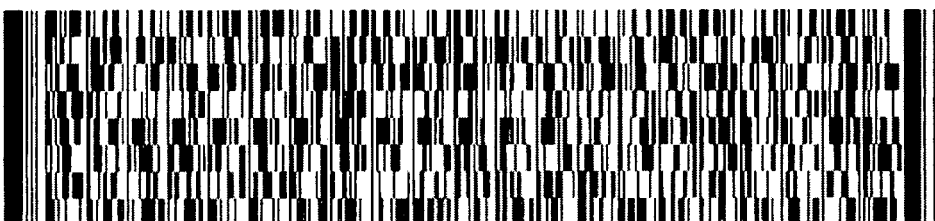
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
-----------------------------------------------------------------	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: <b>REGISTERED AGENT SOLUTIONS, INC.</b>					
Office: <b>1701 DIRECTORS BLVD. SUITE 300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78744</b>		

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here 	Title <b>CFO</b>	Date <b>6/18/2014</b>	Area code and phone number <b>( 949 ) 480 - 8358</b>
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**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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05-102  
(Rev.9-13/32)**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

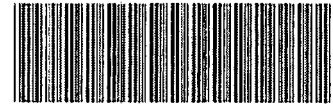
■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

1 2 6 2 3 8 5 6 1 2 2												2 0 1 4					
Taxpayer name <b>ACACIA RESEARCH GROUP LLC</b>																<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>																Secretary of State (SOS) file number or Comptroller file number <b>0801360610</b>	
City <b>PLANO</b>						State <b>TX</b>		ZIP Code <b>75093</b>				Plus 4					

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>2400 DALLAS PARKWAY SUITE 200, PLANO, TX 75093</b>
Principal place of business <b>SAME AS ABOVE</b>



1000000000014

**Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name <b>ROBERT RAUKER</b>	Title <b>DIRECTOR &amp; SR. VP</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>2400 DALLAS PARKWAY SUITE 200</b>	City <b>PLANO</b>	State <b>TX</b>	ZIP Code <b>75093</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
-----------------------------------------------------------------	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)

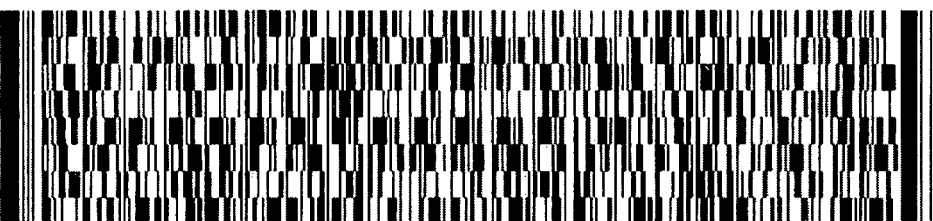
Agent: **REGISTERED AGENT SOLUTIONS, INC.**
☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>1701 DIRECTORS BLVD. SUITE 300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78744</b>
-----------------------------------------------	-----------------------	--------------------	--------------------------

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Title <b>CFO</b>	Date <b>6/18/2014</b>	Area code and phone number <b>( 949 ) 480 - 8358</b>
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**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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**Form 424  
(Revised 05/11)**

Submit in duplicate to:  
 Secretary of State  
 P.O. Box 13697  
 Austin, TX 78711-3697  
 512 463-5555  
 FAX: 512/463-5709  
 Filing Fee: See instructions

**Certificate of Amendment**

This space reserved for office use.

**FILED**  
 In the Office of the  
 Secretary of State of Texas

**JUN 23 2014****Corporations Section****Entity Information**

The name of the filing entity is:

Acacia Research Group LLC (fka Acacia Patent Acquisition LLC)

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |                                                               |                                                                 |
|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association              | <input type="checkbox"/> Professional Association               |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 0801360610The date of formation of the entity is: 12/23/2010**Amendments****1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

**RECEIVED****JUN 23 2014****Secretary of State**

## Registered Agent

(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

First Name	M.I.	Last Name	Suffix
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

Street Address (No P.O. Box)	City	State	Zip Code
		TX	

**3. Other Added, Altered, or Deleted Provisions**

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ **Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

## Officers &amp; Directors:

Marvin Key - Director &amp; CEO: 2400 Dallas Parkway, Suite 200, Plano, TX 75093

Matthew Vella - Director &amp; President: 500 Newport Center Dr. 7th Floor, Newport Beach, CA 92660

Clayton J. Haynes - Director &amp; President: 500 Newport Center Dr. 7th Floor, Newport Beach, CA 92660

Robert Rauker - Director &amp; Sr. Vice President: 2400 Dallas Parkway, Suite 200, Plano, TX 75093

☐ **Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:☐ **Delete** each of the provisions identified below from the certificate of formation.**Statement of Approval**

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_
- The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 06/18/2014

By: Clayton J. Haynes  
Clay J. Haynes  
Signature of authorized person

Clayton J. Haynes, CFO  
Printed or typed name of authorized person (see instructions)

TX2016  
Ver. 7.005-102  
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

12623856122

2016

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.Taxpayer name  
ACACIA RESEARCH GROUP LLC■ ☐ Check box if the mailing address has changed.Mailing address  
2400 DALLAS PARKWAY, SUITE 200Secretary of State (SOS) file number or  
Comptroller file numberCity  
PLANOState  
TXZIP code plus 4  
75093 4398

081360610

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.Principal office  
SAME AS ABOVEPrincipal place of business  
SAME AS ABOVE

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1262385612216

***Please sign below!*** This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
ROBERT L. HARRIS	EXECUTIVE CHAIRMAN	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 NEWPORT CENTER DR, 12TH FL	NEWPORT BEACH	CA	92660
Name	Title	Director	Term expiration
MARVIN KEY	CEO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 NEWPORT CENTER DR, 12TH FL	NEWPORT BEACH	CA	92660
Name	Title	Director	Term expiration
CLAYTON J. HAYNES	CFO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 NEWPORT CENTER DR, 12TH FL	NEWPORT BEACH	CA	92660

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
ACACIA RESEARCH CORPORATION	DE		100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered  
agent, registered office or general partner information.

Agent:

Office:	City	State	ZIP Code
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional  
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has  
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,  
LLC, LP, PA or financial institution.

sign here	Title	Date	Area code and phone number
<i>Clayton J. Haynes</i>	CFO	11/4/16	

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX2017  
Ver. 8.005-102  
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

12623856122

2017

Taxpayer name  
Acacia Research Group LLC■ ☒ Check box if the mailing address has changed.Mailing address  
6136 Frisco Square Blvd, Suite 400Secretary of State (SOS) file number or  
Comptroller file numberCity  
FriscoState  
TXZIP code plus 4  
75034

0801360610

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Same As Above

Principal place of business

Same As Above

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1262385612217

**Please sign below!****This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director	Term expiration
Robert Stewart	President	<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 Newport Center Dr. 12th F	Newport Beach	CA	92660
Name	Title	Director	Term expiration
Clayton J. Haynes	CFO	<input checked="" type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code
520 Newport Center Dr. 12th F	Newport Beach	CA	92660
Name	Title	Director	Term expiration
		<input type="checkbox"/> YES	m m d d y y
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Acacia Research Corporation	DE		100.00

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title	Date	Area code and phone number
	CFO	11/2/17	944-980-8300

**Texas Comptroller Official Use Only**

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TX2018 05-102  
Ver. 9.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

12623856122

2018

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.Taxpayer name  
Acacia Research Group LLC☐ Check box if the mailing address has changed.Mailing address  
6136 Frisco Square Blvd, Suite 400Secretary of State (SOS) file number or  
Comptroller file numberCity  
FriscoState  
TXZIP code plus 4  
75034

0801360610

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Same As Above

Principal place of business

Same As Above

You must report officer, director, member, general partner and manager information as of the date you complete this report.

*Please sign below!*

This report must be signed to satisfy franchise tax requirements.



1262385612218

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mark W. Booth	CEO			
Mailing address	City	State	ZIP Code	
520 Newport Center Dr. 12th F	Newport Beach	CA	92660	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Kirsten Hoover	CFO			
Mailing address	City	State	ZIP Code	
520 Newport Center Dr. 12th F	Newport Beach	CA	92660	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Acacia Research Corporation	DE		100.00
Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent:			
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title	Date	Area code and phone number
	CFO	11/11/18	949-480-8307



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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8D5243 2 000

TX2019 05-102  
Ver. 10.0 (Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

12623856122

2019

Taxpayer name ACACIA RESEARCH GROUP LLC

Blacken box if the mailing address has changed.

Mailing address

6136 FRISCO SQUARE BLVD, SUITE 400 FRISCO

Secretary of State (SOS) file number or  
Comptroller file number

City PLANO

State TX

ZIP code plus 4

75034

0801360610

Blacken box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Please sign below!** This report must be signed to satisfy franchise tax requirements.

1262385612219

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--------------------------------------------------------------------------	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

You must make a filing with the Secretary of State to change registered  
agent, registered office or general partner information.

Office:

City

State

ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional  
sheets for Sections A, B and C, if necessary. The information will be available for public inspection.I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has  
been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation,  
LLC, LP, PA or financial institutionsign  
here

Title

Date

Area code and phone number

**Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

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